

INSTRUCTIONS & GUIDELINES

Use this **Account Transfer Form** to transfer an account to ETC Brokerage Services ("ETC Brokerage").

When completing this **Account Transfer Form**, please follow these guidelines:

- Be sure to complete **ALL** sections of the **Account Transfer Form**.
- **Original copies** of the **Account Transfer Form** must be submitted, unless you have received permission from your current Trustee/Custodian that a faxed or scanned copy will be accepted.
- Contact your current Trustee/Custodian to inquire if a Medallion Signature Guarantee is required. If required, one should be obtained from an authorized member of the **Securities Transfer Agents Medallion Program (STAMP)**. Check with your local bank or broker/dealer to see if they offer this service. **Note: a Notary Public is not acceptable.**
- You **MUST** submit a copy of a current statement (dated within the last 90 days) for the account you are transferring from along with the **Account Transfer Form**.
- For each account that is being transferred to ETC Brokerage, you **MUST** complete a separate **Account Transfer Form**.
- **Annuity Transfers:** ETC Brokerage does not allow Annuity transfers in kind. All annuities must be surrendered prior to transferring, which could mean tax implications, penalties, fees, and loss of product features. Many insurance companies require their own internal paperwork to process a transfer request. You should contact the annuity firm for additional requirements before you submit this form.
- **If you are transferring a Brokerage Account and wish to transfer as cash, you will need to liquidate the appropriate assets prior to completing and submitting the Account Transfer Form.**

SUBMISSION OPTIONS

OVERNIGHT:

ETC Brokerage Services
1 Equity Way
Westlake, OH 44145

REGULAR MAIL:

ETC Brokerage Services
P. O. Box 451249
Westlake, OH 44145

Fax this form to ETC Brokerage ONLY if you have confirmed with your current Trustee/Custodian they will accept the Account Transfer Form via fax.

BY FAX:

440-365-1447

CONTACT INFORMATION

For assistance, please contact:

Phone:

(877) 819-8918

ETC Brokerage Services' DTC Number: 3505
1 ACCOUNT INFORMATION

ACCOUNT REGISTRATION		ETC BROKERAGE ACCOUNT NUMBER*	
SOCIAL SECURITY NUMBER	DATE OF BIRTH	PHONE NUMBER	
EMAIL ADDRESS			

*If you have not previously established an ETC Brokerage account to receive your transfer, you must include an account application with this form.

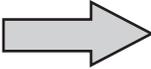
2 DELIVERING ACCOUNT INFORMATION

NAME OF CURRENT TRUSTEE or CUSTODIAN		DTC NUMBER	
ACCOUNT REGISTRATION AT CURRENT CUSTODIAN		ACCOUNT NUMBER	
STREET ADDRESS (Physical Address Required)	CITY	STATE	ZIP CODE
CUSTODIAN TELEPHONE NUMBER (please include area code)	CUSTODIAN FAX NUMBER**	ESTIMATED TRANSFER VALUE \$	

** Contact your current Trustee/Custodian to confirm the address where transfer paperwork should be sent and/or if faxed copies are acceptable.

REQUIRED: Attach a copy of an account statement dated within the last 90 days. If changes (trades) have been made since the statement date, provide an update of your account holdings (i.e., screen print) in addition to the statement.

3 ACCOUNT COMPATIBILITY

<p>Account Type Being Transferred:</p> <input type="checkbox"/> Traditional IRA <input type="checkbox"/> HSA <input type="checkbox"/> Roth <input type="checkbox"/> CESA <input type="checkbox"/> SEP <input type="checkbox"/> Qualified Plan <input type="checkbox"/> SIMPLE <input type="checkbox"/> Qualified Plan - Roth <input type="checkbox"/> Beneficiary IRA <input type="checkbox"/> Other (Taxable/Non-Qualified) Deceased _____ Type _____		<p>To ETC Brokerage Account Type:</p> <input type="checkbox"/> Traditional IRA <input type="checkbox"/> HSA <input type="checkbox"/> Roth <input type="checkbox"/> CESA <input type="checkbox"/> SEP <input type="checkbox"/> Other (Taxable/Non-Qualified) <input type="checkbox"/> SIMPLE Type _____ <input type="checkbox"/> Beneficiary IRA <input type="checkbox"/> Custodial Account (for Qualified Plan) Deceased _____
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Transfer must be between same or compatible account types.

NOTE: Authorized signature(s) in Section 7 acknowledges and authorizes transfers between unlike account types.

4 TRANSFER INSTRUCTIONS

Type of Transfer	
<input type="checkbox"/> Full (Close Account)	<input type="checkbox"/> Partial Provide detail in Section 5

Important:

- All transfers are "in-kind". If you would like to liquidate certain assets, contact your current Trustee/Custodian prior to submitting this Account Transfer Form.
- The term "in-kind" refers to the re-registration of a stock, mutual fund, etc. from the prior Trustee/Custodian's name to ETC Brokerage Services.
- If only a partial transfer of certain asset(s) is desired, please complete Section 5 and list all assets to be transferred in-kind in the spaces provided.

Account Number _____

5 PARTIAL TRANSFER ONLY

DESCRIPTION OF ASSET(S)	TICKER/CUSIP	QUANTITY (All, # of Shares, or Value)
1.		
2.		
3.		
4.		
5.		
6.		

6 DIVIDEND/CAPITAL GAINS INSTRUCTIONS

For Mutual Fund Transfers in-kind, provide your dividend election below: *(check one box only)*

- Reinvest all mutual fund dividends and capital gains.
- Have all mutual fund dividends and capital gains paid in cash to my account.
- Have all mutual fund dividends paid in cash and reinvest capital gains.
- Have all mutual fund dividends reinvested and capital gains paid in cash.
- Attached is a Letter of Instruction specifying mutual fund dividend and capital gains elections by mutual fund.

NOTE: If you do not make an election above, ETC Brokerage will apply Cash as the default election for mutual fund dividends and capital gains.

7 AUTHORIZATION TO TRANSFER AND ACCOUNT OWNER SIGNATURE(S)

- **A notary public CANNOT provide a Medallion Signature Guarantee.**
- **A signature guarantee can be obtained from your bank.**
- **If your current Trustee/Custodian does not require a Medallion Signature Guarantee, you can simply sign and date this form.**

Authorized Officer to Place
"Medallion Signature Guarantee" Stamp Here

By signing below, I/we acknowledge that I/we have read this form in its entirety and agree to its terms. I/we hereby authorize the transfer of my/our account as listed herein. I/we understand that I/we am responsible for determining my/our eligibility for all transfers and I/we agree to indemnify and to hold the Trustee/Custodian harmless against any and all situations arising from an ineligible transfer. I acknowledge that the Trustee/Custodian cannot provide legal advice and I/we agree to consult with my/our own tax professional for advice.

To Delivering Financial Institution: If instructed herein, please transfer my/our entire securities account to ETC Brokerage Services, which has been authorized by me/us to make payment to you of the debit balance or to receive payment of the credit balance in my/our securities account. I/we understand that to the extent any assets or instruments in my/our securities account are not readily transferable, with or without penalties, such assets or instruments may not be transferred within the standard industry time frames required by FINRA Rule 11870.

I/we understand that you will contact me/us with respect to the disposition of any assets in my/our securities account that are nontransferable. If certificates or other instruments in my/our securities account are in your physical possession, I/we instruct you to transfer them in good deliverable form, including affixing any necessary tax waivers, to enable the successor custodian to transfer them in its name for the purpose of sale, when and as directed by me/us. I/we further instruct you to cancel all open orders for my/our securities account on your books.

I/we affirm that I/we have destroyed or returned to you any credit/debit cards and/or unused checks issued to me/us in connection with my/our securities account.

PRINT ACCOUNT OWNER'S NAME	ACCOUNT OWNER'S SIGNATURE	DATE
PRINT JOINT ACCOUNT OWNER'S NAME (if applicable)	JOINT ACCOUNT OWNER'S SIGNATURE	DATE

LETTER OF ACCEPTANCE - FOR OFFICE USE ONLY

ETC Brokerage Services accepts the appointment as successor Custodian on behalf of the depositor and requests the transfer and/or liquidation of assets as instructed above.

Authorized Signature, ETC Brokerage: _____
Date: _____

Place "Medallion Signature Guarantee" Stamp Here